

Charitable Health Care Provider Program

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Office of Local and Rural Health

Point of Entry Registration Form

For Local Health Departments and FQHCs

Clinic Name_____

Address_____

Phone Number_____ FAX: _____

E-Mail: _____

Contact Person_____

Name	Title
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Medical Director_____

Hours of Operation_____

Please return to:

Kansas Department of Health and Environment
Office of Local and Rural Health
ATTN: Charitable Health Care Provider Program
Curtis State Office Building
1000 SW Jackson, Suite 340
Topeka, KS 66612-1365